

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVAL
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445504	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____		(X3) DATE SURVEY COMPLETED 06/22/2015
NAME OF PROVIDER OR SUPPLIER NEWPORT HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 135 GENERATION DRIVE NEWPORT, TN 37821		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to maintain the automatic sprinkler system and its components.</p> <p>The findings include:</p> <p>Observation and record review on 6/22/15 between 11:30 AM and 12:30 PM revealed the following:</p> <ol style="list-style-type: none"> 1 Sprinkler head in front of the convection oven in dietary is tarnished and corroded. 3 sprinkler heads under the front drive through canopy have been hit and are now not in the correct position/orientation. All sprinkler heads under the front drive through canopy are tarnished and corroded. 3 of 3 sprinkler head deflectors in the outside mechanical room by the old smoking area are bent and damaged. <p>These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 6/22/15.</p> <p>NFPA 25 2-2.1.1*</p>	K 062	<p>K 062</p> <p><u>Immediate Corrective Action</u></p> <p>Sprinkler heads noted in the cited deficiency were replaced by an outside vendor on 7/10/12</p> <p><u>Identification of Other Residents</u></p> <p>The Maintenance Director has inspected sprinkler heads throughout the building. No residents were affected by the cited deficiency.</p> <p><u>Systematic Changes</u></p> <p>Housekeeping staff was educated to inspect sprinkler heads in resident rooms when cleaning, and report any concerns to the Maintenance Director. The Maintenance Director will visually inspect sprinkler heads in storage and public areas on a monthly basis. Any concerns will be corrected by an outside vendor.</p> <p><u>Monitoring of Corrective Action</u></p> <p>Findings of the visual inspections will be reported to the QAPI committee including The Medical Director, The Administrator and Department managers every other month for 4 months for further review and recommendation</p>	8/03/15	
K 130 SS=F	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p>	K 130			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORMERLY COVERED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445504	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2015
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K 130	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide delayed egress signage that is on a contrasting background. The findings include: Observation on 6/22/15 at 10:25 AM revealed 8 of 8 delayed egress doors are not provided with signage that is on a contrasting background. The signage is on glass doors with the lettering on clear adhesive. The existing signage is also faded and not easily recognizable. NFPA 101 7.2.1.6.1 Delayed-Egress Locks. Approved, listed, delayed-egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided that the following criteria are met. (a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6. (b) The doors shall unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall	K 130	K 130 <u>Immediate Corrective Action</u> On 6/29/2015, existing signage was replaced with new signage on a contrasting background. <u>Identification of Other Residents</u> The Maintenance Director checked other signs in the building and no other concerns were identified. No residents were affected by the cited deficiency. <u>Systematic Changes</u> Maintenance Director will check signage on a quarterly basis to assure it is legible. Any concerns found will be corrected immediately. <u>Monitoring of Corrective Action</u> Findings of quarterly inspections will be reported to the QAPI Committee including The Medical Director, The Administrator and Department Managers for further review and recommendation.	8/03/15

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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: MEL721

Facility ID: TN1502

If continuation sheet Page 3 of :